

VOUCHER AND SCHEDULE
OF WITHDRAWAL AND CREDITS

CHARGE AND CREDIT WILL BE REPORTED ON
CUSTOMER AGENCY STATEMENT OF TRANSAC-
TIONS FOR ACCOUNTING PERIOD ENDING _____

Transaction Date
Document No.

CUSTOMER AGENCY		BILLING AGENCY	
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS	

SUMMARY		SUMMARY	
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT
(MUST AGREE WITH BILLING AGENCY TOTAL)		(MUST AGREE WITH CUSTOMER AGENCY TOTAL)	
	TOTAL		TOTAL

Details of charges or reference to attached supporting documents

BILLING AGENCY CONTACT:
PREPARED BY _____
APPROVED BY _____
TELEPHONE NO. _____

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

(Date)

(Telephone No.)

(Authorized administrative or certifying officer)

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